

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVI.

THURSDAY, JUNE 25, 1857.

No. 21.

EJECTION OF NUMEROUS LUMBRICI FROM THE MOUTH—IMPAC-
TION OF THE SMALL INTESTINE WITH LUMBRICI, &c.

[Read before the Boston Society for Medical Improvement, June 8th, 1857, and communicated to
the Boston Medical and Surgical Journal.]

BY WM. W. MORLAND, M.D.

THE following cases furnish certain facts relative to the *Ascaris Lumbricoides*, its presence in the intestines in unusual numbers, without corresponding symptoms; its modes of exit and some of its habits.

On the 14th of January, 1857, I visited a female child, 4 years old, and found her very completely covered with the rash of scarlet fever; there could not be a fuller eruption, nor a color more perfectly scarlet; the tongue presented a remarkably fine specimen of the "strawberry tongue." For a week, the little patient was quite ill, yet no very alarming symptoms were present. The most unpleasant ones were rather marked somnolence—for one or two days amounting nearly to stupor—and mild delirium at night. Diarrhœa was troublesome for a day or two—although, at first, a laxative was required. The throat was but slightly sore, and was never complained of. Spirit of nitrous ether was given occasionally, the skin was sponged with tepid water, and one day, when the diarrhœa seemed excessive, a little paregoric was directed, two or three doses answering every purpose. The case did well after the lapse of a week; the child, however, became very deaf, and even yet has not recovered her hearing fully. Although feeble for some weeks, she is now quite well and has gained flesh and color.

The case is mentioned chiefly for the purpose of recording an occurrence which is somewhat unusual, viz., the ejection of numerous lumbrici from the mouth. It is well known that, occasionally, one or two of these parasites will make their exit from the body in this way, although it is far more common for them to pass off otherwise, or to lie for a long period in the bowels, and sometimes in large numbers.

Within five days, the above patient ejected 16 lumbrici from the mouth, and some days subsequently, 3 more were passed *per anum*. At the time of voiding them from the mouth, a slight cough occurred, with an effort, sometimes a difficult one, to throw off something—and which was followed by the discharge of one or two lumbrici—never more than two at once. They were all alive when ejected, and most of them of, or above, the average size. All but three of them were, in circumference, of the size of a quill or a pipe-stem; and the longest was stated by the mother to be at least one quarter of a yard long. The worms appeared first, two or three days before my attendance—although, previously, whilst living on Prince Edward's Island, whence the family lately emigrated to this city, she had passed some *per anum*. On noticing them again, here, the mother sent to a druggist's shop for "worm powders," and a grayish powder, according to her, was given, which probably was calomel. Two or three worms were "vomited" (to use the mother's expression) before the powders were given, and it was not until three or four days after their administration, that the parasites began to be so regularly and abundantly emitted from the mouth. For eight days the child took little or nothing but liquids; and the supposition of the mother that its "empty stomach," and starvation of the parasites had more influence than the powders, has no little plausibility. Her words were that the discharge of worms "was not altogether from the effect of the powders, but they (the worms) merely crept out of her on account of her empty stomach."

I do not remember to have seen any account of *so many* lumbrici coming *from the mouth* in *so short a time*; although the fact of their egress, alive, and their remaining so for an extraordinary time, has long since been noted. Thus, Heberden (*Commentaries on the History and Cure of Diseases*) says, "the round worms will come up alive into the mouth, and I have known them to live two or three days after they were come out." (*Op. cit.*, p. 234.) Again, he remarks, "the round worms and ascarides would sometimes hardly be suspected, if they were not discovered by the itching of the fundament, or did not appear among the *fæces*." (*Loc. cit.*)

It is an interesting question, whether locality or certain kinds of diet have an influence in largely producing, or rendering more active, these parasites. This has been asserted, and the greater abundance of them in certain places would seem to warrant the belief. It has been stated that the patient whose case has been narrated, lived on Prince Edward's Island. On inquiry of the child's mother, I find that the *ascaris lumbricoides* is exceedingly common there, both in adults and children; and she has known them sometimes to be thrown from the stomach alive—but never in such numbers, at once, as in the case of her child. She is cognizant of

several instances where as many as 100 lumbrici have been discharged by children of about two years of age.

It has recently been suggested that a *vegetable* diet tends to the development of intestinal parasites and notably of lumbrici. Mr. Perry, of Droxford, England, who reports the discharge of 37 lumbrici at one time, some of them a foot in length, after a dose of three grains of *santonin*, followed by an aperient powder, remarks as follows upon the use of vegetables in reference to the verminous affection.

"The persons who reside in the locality in which I have met with these cases, are very poor, and, from the high price of bread this winter, have had recourse to vegetables of the commonest description, as an article of food, which will account for the presence of worms in the alimentary canal."*

The same writer reports the discharge of between 40 and 50, and "in a family of four, 124 worms at one time, and many more afterward," one dose of *santonin*, followed by an aperient, having been taken. He speaks highly of this remedy, which, it would seem, has been but sparingly used hitherto. It may be found, elegantly prepared by a French pharmacist, at Messrs. Metcalf & Co.'s in this city.

To the question proposed by me to the mother of the patient, whether persons living on Prince Edward's Island, and who were troubled with worms, consumed more vegetable than animal food, the reply was, "We knew a family that ate as much meat as others, that was very subject to worms." From all I could learn by collateral questioning on this point, it seemed impossible to predicate anything on the ground of *diet*—which latter seemed to have been as varied as is usual amongst the laboring, or even the better classes, here.

Guersant remarks (*Dictionnaire de Médecine, en trente tomes, Article, Vers*) that, by the testimony of many, the *ascaris lumbricoides* is far more common in summer and autumn, wherever much fruit and vegetables are eaten; especially when the influence of this vegetable diet is not counterbalanced by the use of wine and salt. He notices the fact that lymphatic subjects are those most frequently a prey to intestinal worms, and females more commonly than males. The little girl above referred to, is very decidedly of the lymphatic temperament, as are all the family.

With respect to the numbers of the *ascaris lumbricoides* expelled from the intestines, there is every variety. Besides such as have already been mentioned, Dr. Durkee, of this city, has lately given me the description of a case where 82 lumbrici were passed *per anum*, in the course of a month, after the exhibition of anthelmintic and tonic medicines. The patient was a child between 3 and

* *Med. Times and Gazette*, May 17th, 1856, p. 492; quoted in *Braithwaite's Retrospect*, Part 34th, pp. 103-4.

4 years of age, and Dr. D.'s services were solicited on the appearance of a single lumbricus which crawled out of the mouth. The child had been pale, fretful and restless at night, with anorexia and a degree of emaciation; the abdomen tumefied. Recovery ensued.

In a case observed by M. Charcelay (*Dict. de Med., loc. cit.*), 37 lumbrici were found rolled into a mass, and obstructing the small intestine. Sixty-eight were similarly observed by Guersant.

In the following very remarkable case, an account of which has been kindly furnished by Dr. Benjamin Cox, Jr., of Salem, a larger number was discovered in a single subject than has hitherto been reported, within my knowledge; and the case is the more worthy of attention, from the great obscurity of the symptoms as related to their cause—none being ever fairly referrible to the presence of the parasites.

"On Wednesday, June 4th, 1856, I was consulted by Mr. — respecting his daughter, a very intelligent child, between 11 and 12 years old. From his account of her symptoms, I inferred that she was suffering from temporary derangement of the stomach. At supper the previous evening, she had a craving appetite and ate more than she usually did at that meal. No food of an objectionable nature was taken, except a small piece of Bologna sausage. After tea, she walked out with one of her friends, made some calls, was very cheerful and happy, and appeared perfectly well. During the night she had pain in the stomach, and nausea, and finally vomited, wholly undigested, the bit of sausage, &c., she had eaten at tea-time. Supposing, from his description, that it was a common case of indigestion, I gave her father such directions for her relief as I thought proper. The next day, June 5th, I received a message to visit her. I found her below in the parlor, dressed, sitting in a comfortable rocking chair, and looking so natural and well, that, had I not known she was my patient, I should not have suspected that she was ill.

Upon examination, I found serious and alarming symptoms, for which, after a patient and thorough investigation, I could not account. These were an unnatural coolness—I might perhaps more correctly say *coldness*—of the face, neck, and of every part of the skin unprotected by clothing, and also of the extremities, yet without any feeling of coldness on her part; extreme thirst, without dryness of the mouth or coating of the tongue; a frequent, quick and *exceedingly small, feeble, thread-like pulse*, the slightest pressure of the finger rendering it imperceptible.

She appeared to be well nourished, and was as fleshy, and her muscular system as well developed, as in most girls of her age. The color of the skin, and of the mucous membrane of the mouth, was natural. The functions of the brain were all well performed. The respiration was normal. There was nothing unnatural in the

sounds of the heart; its pulsations were frequent (130 per minute), and its impulse was very feeble. She had but little appetite, and was unwilling to take food, on account of its exciting nausea, or vomiting, or both. The abdomen was flat. There was no pain or tenderness there on pressure. Nor were there symptoms indicating any trouble in the liver, or in the urinary organs. Upon inquiry at this and at subsequent visits, I learned that her health had been uniformly good, except that for the last year or two, she had suffered about once a month, and then for a day only, loss of appetite, nausea, vomiting and slight diarrhœa.

Her father usually gave her for these "worm turns," as he considered them, a little sage and senna in powder, and she almost always at these times discharged some *ascarides*, but never in large numbers, and *never* any lumbrici. There had been no unnatural hue of the face, no livid circle about the eyes, and nothing peculiar in the appearance of the countenance, except when she had the monthly ill turns; then, for the day, the features were pinched and sharp, as if she had lost flesh. The appetite, with the exception above mentioned, had not been diminished, irregular, or capricious. The breath, most of the time for the last year, had been very foetid, but at the time of my visit, and through the whole of her last illness, it was not so. The abdomen never had been tumid; she never had had colicky pains, had never complained of itching of the nose or anus, and, on being questioned, said she had never experienced it, and that her bowels were usually regular. She had never experienced drowsiness, nor had restlessness at night. She had always been a good sleeper, and was bright and wakeful in the day. She was of a nervous temperament, but was naturally amiable and lovely in her disposition.

The probability that worms in the intestines occasioned the alarming symptoms, was suggested by some of the family. But I had been taught by the highest authorities, and my own observation had confirmed the truth of the doctrine, "that though worms in the intestines do sometimes give occasion to grave symptoms, yet instances of this are extremely rare." Besides, nearly all the symptoms which are commonly thought to denote the presence of intestinal worms were absent. After considering all the circumstances of the case I concluded, notwithstanding the condition of the skin and of the circulation, and my serious doubts respecting the need of a vermifuge, to administer a cathartic. I directed a powder of calomel and rhubarb, to be followed every three hours, till it operated, by a dessert-spoonful of a mixture of castor oil and turpentine, of each half an ounce, and of the mucilage of gum arabic, one ounce. I also directed the free use of brandy and beef-tea; of opiates if they were required, to relieve pain, to procure sleep, or to check any undue operation of the cathartic; and of warm, dry applications to the skin.

Friday, 6th.—I was much surprised to find my patient in the parlor and dressed, she preferring to be below with the family during the day, rather than in bed. She had suffered no pain, but had been quite restless at times; had slept quietly. The powder and one dose of the mixture were retained; other, and smaller doses of the turpentine, were immediately vomited. She had had several small, thin, dark-colored evacuations, with but very little solid faecal matter. In vomiting, she had thrown from the stomach, with the turpentine mixture, *five round worms*; none were voided from the bowels. Everything she took into the stomach immediately excited vomiting, except diluted brandy; this remained for a while, but was finally ejected. Cold water and ice were most grateful to her taste, but had no effect in relieving the insatiable thirst.

The temperature of the skin during the night, when she was in bed, remained cold, as it was yesterday, and is the same now while she is in a heated room and wrapped up in warm blankets. The pulse, at this visit, was more frequent (140 to 150) and feeble, and it required great care, and lightness of touch, to count it.

Strange as it may seem, notwithstanding the insatiable thirst, the vomiting, the abstinence from food, or rather the inability to retain it, the coldness of the skin, and the almost imperceptible pulse, she did not look like one seriously ill. This appearance of health, this almost entire absence of anything morbid in her expression, was, I think, one of the most remarkable features of the case. She had, this morning, without any apparent exhaustion, walked from her chamber, down one flight of stairs to the parlor. She made no complaint of pain, weariness, or debility; she was buoyant and cheerful in spirits. Yet it was evident that she was fast sinking, and must soon die, unless a favorable re-action speedily took place. To quiet the irritable stomach, solid opium, in frequently-repeated doses, was directed; also the continued use of brandy, beef- or chicken-tea. Bits of ice soaked in brandy were grateful to her, and afforded momentary relief from the extreme thirst. Hot and stimulating fomentations were applied over the abdomen.

Saturday, 7th.—The only material changes since yesterday, were an increased frequency and weakness of the pulse, and greater exhaustion. The pulse was so feeble, and so nearly imperceptible, that I could only judge of its rate (160 to 170) by catching a few successive beats now and then. The skin was not so cold. The thirst, nausea, and occasional vomiting, when anything was taken into the stomach, continued. She had again, although nearly pulseless, walked from her chamber to the room below. In general appearance she had not very perceptibly altered since Thursday. I had yielded to her wish to be below; I now directed her to be placed in bed, and kept there. The same general treatment, with the addi-

tion of some diffusible stimulants, was continued. Her friends were apprised of her danger, and a consultation was requested by me.

At 5, P.M., I saw her in bed for the first time; the pulse at the wrist could not be counted. Applying my ear over the heart, I found its pulsations to be about 180, and so faint that very careful attention was required to hear them. Her mind was not disturbed in the slightest degree; she was cheerful and free from pain. At my morning visit, in passing my hand over the abdomen and finding it "caved in," I said to her, you have no belly. Now, as I turned down the bed-clothes to examine it again, she jocosely and laughingly said, "Doctor, I think you will find belly enough now." I mention this little circumstance to show her state of mind, and her freedom from suffering. I found the abdomen somewhat distended by flatus; there was no tenderness on pressure, except in the right iliac region. There I found a well-defined tumor, apparently as large as a common orange; flat on percussion, over a space of two or three inches in diameter, and extremely sensitive to the touch, so that she was very reluctant to have it examined. She said she had often had pain catch her there when she was running, or playing with her schoolmates, and had been obliged sometimes to stop and press upon the part, when the pain would suddenly cease.

It is unnecessary to mention what my speculations were about this swelling, or the connection it might have with her present disease. It is enough to confess that it did not occur to me, that this painless, yet acutely sensitive, tumor might be a *mass of worms*. In an hour or two after this visit, I saw her again with my friend, Dr. M. Her general condition was the same. I was much surprised, and, I must honestly confess, a good deal chagrined, to find that the recently-discovered tumor, which I had so particularly described to my consulting friend, had vanished, and with it all tenderness; nothing unnatural could be seen or felt anywhere about the abdomen, except the slight distension by flatus.

Sunday, 8½, A.M.—She is moribund. In the early part of the night she was wakeful; later in the night, and toward morning, she slept quietly. She was free from pain and suffering, and perfectly conscious till about two hours before death; then, after a fit of vomiting, she was much exhausted, gradually sank into a comatose condition, and died between nine and ten o'clock, A.M.

Examination six hours after death. Body slightly emaciated; not much rigidity.

Brain not examined. Thoracic organs healthy.

Peritoneum and abdominal cavity healthy.

The glandular organs of the abdomen were healthy.

Mucous coat of the stomach healthy, with the exception of three or four patches of a brighter red than the surrounding parts; not softened.

Mucous coat of the intestines, throughout its whole extent, of a decided dark-red hue, without any softening, perforation, or lesion of any kind.

The stomach and the whole alimentary canal were completely void of their usual contents; hardly a particle of faecal matter could be seen in the large intestines.

365 common round worms (*ascaris lumbricoides*) were found, principally in the small intestines, not more than 8 or 10 being below the cæcum.

Before opening the intestine, we pushed the mass of worms upward together, and they formed a solid roll or sausage (I use this word that you may better understand my meaning) *more than three feet in length*. The greater part of them were alive at the time of the examination."

Very serious accidents are enumerated by writers as arising from the presence of lumbrici in the human intestines—or rather, more frequently, from their attempts at exit, or their precipitation into the abdominal cavity, through perforations made by themselves, or accidentally, as by abscess, &c.

When they have crept upward into, and out of, the stomach, it has occasionally happened that they have caused asphyxia by wandering into the trachea; or, if in masses, and thus introduced into the stomach and œsophagus, the same result is believed to have been produced, in infants, by their pressure upon the trachea.

Guersant announces the following "characteristic symptoms" of *verminous asphyxia*. "Anxiety, agitation, dry cough, cries, threatened suffocation, painful sense of tearing, pricking sensations, and a feeling as of burning along the course of the trachea and about the origin of the bronchi, toward which regions the patients always carry the hand." On dissection, in a case of this nature, M. Aronssohn found a lumbricus lying across the bifurcation of the trachea; the mucous membrane of the air-passages showed injection and slight superficial erosion. (*Dict. de Med.*)

Perforation of the *appendix cæci* by these dangerous intestinal inhabitants has been noted; and other portions of the small intestine have been traversed by them, as testified by Gaultier de Claubry, Becquerel and others.

In this connection, the propensity of the lumbricus to insinuate itself into narrow canals and apertures, may be referred to. Thus, besides the *appendix vermiformis* (a somewhat appropriate hiding-place, so far as the name goes), instances are authentically stated of their penetration into the internal ear by the Eustachian tube; into the biliary canals (*Guersant, Laennec, Cruveilhier*), and thus being found in the midst of an hepatic abscess* (*Tonnellé*); into the pancreatic duct (*Gmelin*); between the folds of the great

* Guersant suggests that the sudden introduction of lumbrici into the biliary canals, may well cause fatal convulsions.

epiploon, after passing through the *foramen* of Winslow, having perforated the *appendix cæci*. There has recently been exhibited to the Society, an illustration of this curious exploring tendency, from a patient of Dr. Stocker of this city, the lumbricus being entrapped in one of the apertures of a dress-hook, and thus discharged from the bowels under the influence of a purgative. (See this Journal, Vol. LVI., p. 163.) Indeed, a half serious proposition was made, some time since, to catch these parasites by some sort of *baited moose*—thus taking advantage of the above-mentioned proclivity.

Bretonneau records a case where the intestine was blocked by a mass of lumbrici, and which caused death in a young child, but the number is not given; it is mentioned that the mucous membrane around the obstruction was softened and nearly destroyed by the friction of the worms. There had been violent pains, nausea, constriction of the œsophagus, convulsive movements, and a sensation of being gnawed, internally, by something living.

In the case communicated by Dr. Cox, the remarkable points are, the obscurity of the symptoms and the immense number of lumbrici found *post mortem*; and which seem to entitle it to the designation of *unique*.

[Dr. COALE stated that on board a United States ship, while crossing the Pacific, after being stationed on the China coast, many instances occurred amongst the crew of the egress of lumbrici from the mouth. While at anchor, the diet of these men had been almost exclusively of a vegetable nature; but, as two months had elapsed after the ship left the coast, before the occurrence of these cases, Dr. C. thought it questionable whether this could have had any influence in their production.

Dr. Coale also referred to a case, lately mentioned in one of the Southern medical journals, where the small intestine, for a space of two feet, was closely impacted with these worms.

Dr. STRONG alluded to the frequency of such cases in Spanish America.

Dr. CABOT had seen, in Central America, a child lying dead upon a bier in the open air, as is the custom of the country, with its mouth and nose filled with these worms. He stated that they were a common cause of death there.

With regard to the origin of these parasites, Dr. GOULD thought that as certain individuals, as well as certain families, are peculiarly obnoxious to them, it can hardly be attributed to germs received into the body from without. He alluded to the fact that the lumbricus had been found in the fetal intestine.

As to the influence of vegetable diet in predisposing to lumbrici, Dr. STORER mentioned the opinion expressed by Dr. Miller, some years since, in this Society, as being unfavorable to this notion.—
[SECRETARY.]

UTERINE HÆMORRHAGE.

BY W. B. CASEY, M.D., MIDDLETOWN, CT.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—It was not my intention to favor, or perhaps trouble, you so soon again, and I am only induced to do so now, that I may set myself right with your readers, and more especially with the learned and eminent Dr. Channing, who has, I fear, somewhat misapprehended my remarks in reference to “plugging the vagina.” In writing that little article it was my endeavor to condense what I had to say into the fewest possible words, that it might not take up an undue share of your valuable space; and hence in my desire to be brief, I may have been also somewhat obscure. I meant to recommend the use of the “Hæmostatic roll” (as it might be termed) in those cases only “where plugging is *proper* and necessary”; not intending to specify these cases, but leaving the employment of the roll to individual discretion; and not supposing that any one would apply it to all cases of flooding indiscriminately. I am fully aware of the danger of “internal hæmorrhage, after labor at full time,” having met with several cases of this formidable occurrence in my own practice, and in that of my brethren in this vicinity. I therefore make it an invariable rule, never to leave my obstetric patients after delivery, until thoroughly satisfied that the womb is firmly contracted, bearing in mind one of Prof. Meigs’s favorite apothegms, “a contracted womb cannot bleed.” I am careful also to try the patient’s pulse at short intervals, for the first half hour or hour after her delivery. If I find this quickening, while at the same time her countenance is becoming pale and her lips blanched, I lose no time in ascertaining the size and condition of the uterus. If that organ is becoming flaccid and distended, I at once introduce one hand into its cavity to break up and remove the coagula, while with the other I make gentle pressure and friction upon the abdominal walls. In some instances, doubtless, the cold water dash, the exhibition of ergot, applying the child to the breast, or even external manipulation, may be sufficient to ensure contraction; but where (as in these cases) there is no time to be lost or wasted in experiments, it seems to me sound practice to use the most *certain* remedy at the outset. There is no one point of practice, which is more strongly impressed upon my mind than this, perhaps for the reason—but with your permission I will tell a short story.

Some twenty years ago I left Bellevue Hospital, New York, and “put up my tin” in one of the then upper streets of that city. Among my earliest “calls” was one, in very great haste, to go into the Bowery and visit a patient said to be alarmingly ill. I accordingly hurried to the place specified (which I found to be the residence of a “Female Physician”), and there saw a woman said

to have been just before delivered of a foetus at the sixth month. (The child was not visible, but the after-birth was, and that was somewhat too large for the sixth month.) The woman seemed to be in extremis; her abdomen was much distended, her pulse gone at the wrist, her respiration hurried; in short, everything betokened her speedy dissolution. Besides the "female physician," I found in attendance a regular M.D., of the male sex, who, living close by, had also been summoned to the patient's assistance. This doctor (I blush to write it) actually and gravely proposed to me, in our necessarily brief consultation, to bleed the patient! With a stare of astonishment I declined assisting in the commission of wilful murder, and directed the woman in attendance to bring instantly whatever stimulant she had in the house; at the same time took off my coat, and prepared to introduce my hand into the uterus. Before my preparations were completed, and the stimulants brought from below, the patient had ceased to breathe. Thereupon arose a discussion between my associate practitioner and myself, as to the cause of death; he stoutly insisting that it must have been "rupture of the heart"! while I, with equal obstinacy, maintained that the trouble was internal uterine hæmorrhage. Finding that in spite of physical, rational, and all other signs, my learned friend would not yield, I refused to make—or permit him to—the certificate requisite for burial in the city, and promised him that a coroner's inquest should, on the following morning (it was now near night), decide the point at issue. The "female physician," however, settled the matter (luckily, perhaps, for herself) by notifying the friends of her victim. They thereupon carried off the body in the night, and sent it to Connecticut, where the deceased had previously resided, and that ended my connection with, and knowledge of the case. I nevertheless hold firmly to the belief, that the poor woman died of internal hæmorrhage, after delivery at or near the full term.

The occurrence here narrated made a strong impression upon me, and ever since I have looked out for internal or concealed uterine hæmorrhage. Nor have I been much disposed to resort to plugging for post-partum flooding, unless for some merely temporary or incidental purpose. That there are cases of this species of flooding, which may be, and are very much relieved by "plugging," some slight experience of my own and the declarations of judicious and reliable professional friends induce me to believe; but such cases are not, I think, common, and should be considered exceptions to the rule. Will not Dr. Channing favor the profession, or at least your readers, with the result of his careful observation and ample experience, specifically upon this point?

April 9th, 1857.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MAY 11th.—*Pistol Balls suspended within the Chest by the Pleura; also the appearances in the Lungs eight years after a Gun-shot Wound.*

Dr. J. M. WARREN showed two bullets given him by Dr. Morris, taken from the body of a convict who died lately at the State Prison, Charlestown.

The history of the case was this. In a fit of jealousy, this man shot his mistress, coming behind her while she was sitting on a low bench, and firing down upon the chest. He then placed a pistol to his heart and pulled the trigger. In the act of discharging the pistol, the muzzle became a little elevated, so that the bullets just escaped the heart and great vessels on their passage through the chest. Both of these patients came under the care of Dr. Warren at the time, eight years since. The woman lived three days, and then died in great agony. On a *post-mortem* examination, it was found that one of the bullets had passed through the cavity of the chest and lodged in the body of a dorsal vertebra. This vertebra was now shown, with the ball deeply imbedded in it. A second bullet struck the first rib, was cut in half by it, one half remaining on the top of the rib, the other traversing the lung, being found loose in the cavity of the chest. The hæmorrhage produced by this wound filled the chest, compressed the lung, and was the immediate cause of her death. The third bullet entered the neck, and its course could not be traced.

The man, immediately on being wounded, had great emphysema of the walls of the chest, followed by entire flatness on percussion of that side. After a very severe illness, he recovered sufficiently to be brought to trial, and, being convicted, was sentenced to the State Prison for life.

Dr. W. saw him at the prison about four years since. He then had a constant, dry cough. On auscultation, the respiration was found rough on the left side, and somewhat bronchial. There was no rale. Percussion revealed nothing abnormal. His health was otherwise good.

He died suddenly, a few weeks since, falling down as if in a fit, and surviving only a few minutes. On examination, it was supposed by Dr. Morris that some disease of the heart would be found to explain his death. No sufficient disease, however, could be detected. The valves of the heart were thickened, but not enough to impede their action. In the upper lobe of the left lung a cicatrix, showing the course of the balls, was distinctly visible. The balls having traversed the lungs, had lodged in the side of the chest. From this place they had become gradually detached, and were found hanging from the sides of the chest like cherries hanging from a tree, having carried the pleura before them, and being enveloped by that membrane.

MAY 25th.—*Tumor of the Face and Orbit; apparently malignant.* Dr. WARREN showed a drawing, and described the case; the patient having been operated upon a week before at the Hospital. The man was 40 years old. Fifteen years since, a small pimple, followed by a scale, appeared on his face, below the eyelid. This was kept sore and irri-

tated, by being constantly picked. It slowly increased, invading the integuments of the face, cellular membranes, muscles, and apparently the malar bone, and taking partial possession of the orbit, so as to force the eye backward and upward, and in a great measure conceal it. The tumor appeared perfectly fixed, as if involving the malar bone and the bones of the orbit: and the operation was done after stating to the patient the uncertainty of the result, of which he seemed fully aware, and with the expectation of the necessity of removing the malar bone and the orbital process of the superior maxillary.

The tumor on the face being circumscribed by an incision, and the dissection commenced, it was found possible, while using the chisel to examine the state of the bone, to peel up the tumor with it from the base without removing any of the bone itself. The disease evidently had taken hold of the covering of the bone, but had not penetrated its structure. With much difficulty and patient dissection, the whole periosteum of the malar bone, with the tumor attached, was removed, and the dissection carried deeply into the orbit, removing the disease there in the same way, the whole mass coming out perfectly clean and smooth. The edge of the eyelid and the mucous membrane were left, and the eyeball was not injured, although it had been much compressed and forced from its natural position.

A microscopical examination of the disease, afterward, by Dr. ELLIS, revealed a structure composed of much fibrous tissue; but no cancer-cells could be detected. The patient recovered well after the operation.

MAY 25th.—*Foreign Body from the Urethra.* Dr. TOWNSEND showed a piece of sheet lead, of the shape and size of the accompanying cut, taken from the urethra of a man who had introduced it four months before, for the purpose, as was stated, of curing himself of masturbation. Its upper end was about one inch from the end of the penis, within the urethra. As the barbs were directed outward, an operation was found necessary to remove it, a small opening being made into the urethra near the scrotum, through which the lead was drawn.



EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

L. PARKS, JR., M.D., SECRETARY.

Pulmonic Abscess.—Dr. BOWDITCH related a case of abscess of the lung which was, so far as Dr. B. knew, unique. A young man, who had been much engaged and excited in political matters, at the time of the late Presidential election, experienced, subsequently, much prostration, and suffered from a cough, which was of about six weeks standing, when Dr. Bowditch first saw him, four months ago. None but domestic remedies had then been used.

The patient's appearance, at the time of Dr. B.'s first visit, was that of a person in advanced phthisis, of which he had all the rational signs, except hæmoptysis. There was also flatness and fine crepitation, at the lower part of the right back, suggesting the idea of one

of those anomalous cases of tuberculosis, such as are occasionally met with. On one occasion, after the usual morning visit, Dr. B. was summoned in haste to the patient, and found him suffering from great orthopnœa, and expectorating pus profusely; at least a *quart* of pus was expectorated, at the outset. The expectoration continued for some time, but diminished from day to day. Cavernous respiration took the place of the previous rales. The flatness diminished. In a few days after the first ejection of the pus, the patient began to improve; and now, his general appearance is that of health. The present diagnosis is *pulmonic abscess*. The pus was entirely free from fœtor. The treatment was by fusel oil and whiskey.

Encephaloid; Epithelial Cancer.—Dr. J. MASON WARREN mentioned the happy results of operation in two cases. Ten years since, he had operated on a lady 60 years old, for encephaloid of the breast. The tumor was ulcerated, and bleeding, so as to endanger the patient's life. Dr. Warren removed the breast. The tumor was exhibited to one of the Societies. It weighed from six to ten pounds. The patient is now living, and well. Her arm, on the same side with the diseased breast, was, at the time of the operation, the seat of a melanotic tumor of the circumference of a half dollar. The melanosis has given no trouble since.

The second case was one of epithelial cancer of the nose. Dr. Warren removed the disease twice—the last time, four years ago; and the patient has remained well to the present time.

Rupture of the Uterus.—Dr. GREENE related a case of rupture of the uterus. The patient, an Irish woman, was taken in labor with her third child at 6, A. M. At 7, A. M., Dr. G. saw her. She complained of a severe "stitch in the side;" and of a sense of "smothering." The pulse was almost imperceptible. The head was low in the pelvis, and just ready to be born. The pains shortly ceased. After some delay, from the unwillingness of the friends to allow the doctor to leave the bedside, Dr. G. went for his forceps. When he returned, the patient was breathing her last, and died before he had completed the extraction of the child, which was born dead.

Dr. Greene passed his hand through the rupture in the uterus. No autopsy was allowed. The head did not recede in this case; and there was very little hæmorrhage.

Lead Disease.—Dr. GOULD had a case of lead palsy at the Hospital, in a girl 14 years of age. The only source of lead to which she had been subjected, was the fine metallic dust that she was liable to collect in her employment of picking up, and assorting types, at a type-foundry.

The National Hotel Disease.—Dr. Gould also spoke of a case of the National Hotel disease, at Washington, which had been under his care. The symptoms were, burning at the epigastrium, colicky pains, nausea, vomiting, profuse purging of liquid discharges—sometimes watery, sometimes pasty, with little or no bile. Opiates, astringents and other medicines, exerted but little influence upon the symptoms. A few days after the patient's return home, he became better; then, the symptoms recurred, and again ceased, and so on;—this alternation taking place five or six times. Such alternating amelioration and recurrence of the affection was noticeable in the other recorded cases

of it, whether they remained at the Hotel or left it. Dr. G.'s patient had had a fecal discharge the day before, for the first time since his attack.

[In a day or two the symptoms recurred, with clay-colored, thin discharges, and finally yielded under calomel and opium.—*Subsequent Report.*]

Dr. BOWDITCH had seen another case of the affection. For the space of from sixty to eighty hours, there was, in this case, a complete deluge of watery dejections. During that period the patient lost thirteen pounds of his weight. The slightest errors in diet brought on an attack.

Dr. Gould said that, in his cases, the attacks occurred irrespectively of errors in diet.

Dr. G. and Dr. Bowditch agreed that the symptoms differed much from those of poisoning by arsenic.

Dr. S. BALL had, also, had one of these Washington Hotel cases. The patient lost forty-five pounds during his sickness. The affection recurred once in three days. It eventually yielded, under the influence, apparently, of calomel, opium and camphor.

Dr. Gould, alluding to the theory that the sickness at the "National Hotel" was caused by gases escaping into the house from a drain, questioned if enough of the deleterious agent could gain access to the dormitories, by the mere diffusion of gases; and suggested the query whether, if the miasma was forced up in any other way, the occupants of the Hotel would not have been affected in the inverse proportion to the elevation of their rooms in the house. In answer to Dr. BIGELOW, he said it was not known how many of the inmates of the establishment had escaped sickness. He further remarked, that some who drank freely of the water supposed to contain poison, had escaped the sickness; and, on the other hand, some who had drunk but little of the water, had suffered severely.

Purpura.—Dr. C. PAGE reported a case of purpura in a child eight months old. The purpura appeared upon the face, fore-arm, nates and thighs. The patient was recovering, at the time of the report, under the use of chlorate of potash.

Hydrocele.—Dr. PHIPPS mentioned two cases of hydrocele, which he had successfully treated according to a method lately described in one of the journals—viz., by red oxide of mercury inserted into the cavity containing the fluid. A puncture was made by a small trochar, and three grains of the drug introduced upon the end of a probe. Inflammation took place, followed by absorption and apparent cure.

Cataract.—Dr. WILLIAMS spoke of a family largely afflicted with cataract. A mother and four of her children had double congenital cataract, involving more or less deficiency of sight in the patients. Dr. W. had operated on six of the affected eyes, all of which were doing well, at the time of the report.

Puerperal Fever and Erysipelas.—The subject of erysipelas in connection with peritonitis in the puerperal state being under discussion, Dr. ELLIS was led to remark that he recollected the case of a child, who died at the Hospital, some years since, in which erysipelas set in after an operation in the region of the hip. At the autopsy there was found an inflammation of the serous membranes—the pericardium, the pleuræ and the peritoneum.

Dr. J. B. S. JACKSON thought this fact interesting, as suggesting a connection between erysipelas and *non-puerperal* peritonitis.

Dr. J. thought the fact that quinine is beneficial, both in erysipelas and puerperal fever, an argument in favor of a connection between the two latter diseases.

Dr. HOMANS met with a noticeable case, eight years since, indicating connection between the two diseases. A gentleman had severe erysipelas. His wife was in the ninth month of pregnancy. The lady, twenty-four hours after labor, was taken with chills, and died in four days, with all the symptoms of puerperal fever. The time which elapsed between the commencement of the husband's erysipelas, and the peritonitis in the wife, was eleven days.

Dr. BIGELOW, Sen., mentioned certain note-worthy instances of consecutive cases of puerperal fever, in the practice of particular individuals. On looking over his books some time since, with reference to this point, he found that, in every instance of the disease in question, in his practice, he was attending other women in child-bed. No two, however, of his cases of puerperal fever had occurred at, or near, the same time. He thought it probable that the evidence furnished by the experience of the majority of practitioners would, if it could be ascertained, be found to be upon the negative side. Yet, if the danger of communicating the disease were only as *one to ten*, the physician, he held, had no right to incur that danger.

Dr. Gould's observation had satisfied him of the communicability of the fever, and that it was the fever of contagion in a large proportion of cases, though probably not always. In one or more instances, too, he had observed the infants of patients affected with puerperal fever, to break out with erysipelas.

Carcinoma Uteri.—The subject of cancer of the womb being before the Society, Dr. J. B. S. JACKSON remarked upon the proximity of the vagina to the peritoneum, and of the extreme thinness of the septum between the two cavities, which he had often observed in cases of cancer of the uterus. He thought it strange that perforation did not often occur; an event which he considered the mere passage of the speculum not unlikely to bring about. The introduction of that instrument had, in fact, often occasioned a good deal of hæmorrhage.

Dr. BOWDITCH mentioned a case of the kind, in which an eminent surgeon passed the speculum, and the patient died three or four days afterward, with symptoms of perforation.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

~~~~~  
BOSTON, JUNE 25, 1857.

---

### THE AMERICAN MEDICAL ASSOCIATION AT NASHVILLE.

IN our account, in a recent number, of the late annual meeting of the American Medical Association at Nashville, we were obliged, by our limited space, to confine ourselves to a notice of the most important proceedings of the Convention, as we found them in the *Nashville Medical and Surgical Journal*. An interesting and entertaining description of the meeting is published in the *Southern Journal of the*

*Medical and Physical Sciences* for June, which does not confine itself to the strict record of the Convention, but describes the extensive preparations made for the entertainment of the delegates by the citizens of Nashville.

The attendance from the North was small, owing to the distance of Nashville from our section of the country and from any great line of travel. Only six physicians from all New England and New York together attended, and but four from Pennsylvania. There was a small delegation from the North-Western States, and the bulk, some 250, were from the South. Among the delegates were twelve editors of the American medical press. The number, however, was too small for the organization of a convention of American medical editors, as proposed by the *Southern Journal*, and to which we have already alluded, under the date of March 26. The *Journal* proposes to submit to the consideration of its exchanges certain recommendations, with a view of eliciting a free expression of opinion on the subject from the various medical periodicals of our country, and to publish in October such views as shall be generally agreed upon. We think there is reason to hope that at the large delegation which will undoubtedly assemble in Washington next year, this important subject will receive the attention which it deserves, and that the editorial congress will be duly organized. The result cannot but have a beneficial influence upon editors, publishers and the profession.

On the evening of the first day of the convention, the delegates were received "in the stately mansions of Profs. EVE and JENNINGS and Mr. R. C. FOSTER, where every luxury which wealth and refinement could gather together, were served with an apparently thoughtless prodigality." The second evening was spent at the house of Dr. SHELBY, "where was a repetition of the unsurpassed luxuries of the previous evening." The sessions of the Association were concluded by a most splendid entertainment given in the State House by the citizens of Nashville, at which, according to the *Columbia (S. C.) Banner*, whose editor, himself an M.D., was a delegate to the convention, the number of persons present was *five thousand*, including from fifteen hundred to two thousand ladies. We copy the following description of the scene from the *New York Times*.

"The floor of the House of Representatives was cleared away for a ball-room, and that of the Senate Chamber for a supper-room. 2,500 tickets of admission brought a house full of the beauty and *élite* of the Capital and State. We dare not trust to the reports of those present. Their heads were evidently turned. They describe it as a gathering such as was never witnessed on the continent. The beauty of the women, their prodigality in surpassingly brilliant toilets, such displays of flowers, hoops, diamonds, silks, seem to have been unprecedented. There seemed to have been no one old, no one without taste, none without money. Fortunately, our Northern delegation took their wives with them, or perhaps so tempted as they were by those Western Circes, they might have forgotten the poor inmates at Bellevue Hospital, and their suffering patients all around.

"The meeting, although attended by so many less than was expected, was one of great value. Much business was effected. It has awakened the West to professional union, shown the North the wealth, education, resources, generosity of their distant brethren, and stirred

up a spirit of emulation which cannot but be of great good to the profession and the nation."

BERKSHIRE MEDICAL INSTITUTION—THE CHAIR OF PHYSIOLOGY AND PATHOLOGY.

WE learn with great pleasure that Dr. Frederick S. Ainsworth, of this city, has been invited to deliver the course of lectures upon Physiology and Pathology at Pittsfield, and that he has accepted the post. The selection is one which cannot fail to give satisfaction both to professors and students. The high qualifications of the incumbent are well known: his unusually accurate knowledge of anatomy, together with many advantages of study abroad, and much experience at home in the practical duties of his profession, ensure the most thorough teaching to those who may attend his lectures.

In addition, the urbanity of his manners and his cheerful temperament will render him most acceptable to all with whom he is to be associated.—The medical lectures at the Institution begin in August.

PARKER'S PATENT VENTILATING NIPPLE SHIELD.

ALTHOUGH we are always reluctant to recommend any medicine or instrument with the virtues of which we are not personally acquainted, we are induced, by the favorable opinion expressed to us by two of the most eminent physicians of this city concerning "Parker's Patent Ventilating Nipple Shield," to invite the attention of the profession to a contrivance which seems admirably adapted to prevent or cure chapped or sore nipples. One of these gentlemen informs us that he has employed it in five cases of sore breast with entire success. In two breasts, the agony of nursing was such that the patient declared that she could nurse no longer. The nipples were inflamed, swollen, and deeply fissured—bleeding with the slightest efforts at nursing. Some relief was obtained after the first application, and on the third day nursing was easy. The other physician has used the instrument in five cases with exceedingly satisfactory results. In another case relief was obtained, though it was not perfect, owing to an eczema, which affected the skin of the breast generally. He thinks that the shield should be worn all the time, save while the child is nursing: by so doing, the delicate integument of the nipple is protected from the irritation of the clothing, while at the same time a free circulation of air is obtained.

Accompanying the shield is a "vegetable oil," which is to be applied immediately after nursing. We presume that the chief virtue lies in the shield, and that the "vegetable oil" may be replaced by any other, or what is much better, by pure glycerine, which is admirably adapted, by its bland nature and non-drying property, to protect the cracked nipple from the air, and by the use of which alone, we have obtained excellent results.

HOMOEOPATHY: ITS TESTIMONY AGAINST ITSELF.

MESSRS. EDITORS,—A review of this pamphlet by H. L. H. Hoffendahl, M.D., has appeared. He adds his testimony to confirm the main propositions of the work, especially that the number of their practitioners in Europe is but small. He says, "The whole number



of homœopathic practitioners in Europe is 922." About 1 to 300,000. Together with some vague assertions that the homœopathic writings are quoted incorrectly, only the two following are given as instances. Each relates to a coroner's inquest: the first, on a child said to have died from salivation with mercury given by a homœopathist, which he says is "just the reverse of what is reported in the journal quoted. The child *had* cancrum oris." His mistake may be seen by referring to that journal. It there appears that two surgeons testified that the symptoms were decidedly those of mercury, and very different from those of spontaneous cancrum oris, and that they gave full details concerning the symptoms. The verdict, the reviewer's main point in both cases, was not alluded to in the pamphlet. The cases were cited merely as examples of the doses given. Though the jury decided that death was not caused by mercury, they avoided deciding that the salivation was not caused by it. The accused seem to have escaped, as quacks usually have, on the ground that the medicine was not given to destroy life; and the inquests seem to have been conducted to inform the community concerning the quantity of medicine used by men who make their pretensions.

The second was a case of labor, where, according to the *Brit. Jour. Hom.*, as some disease prevented the pains from being sufficient, a homœopathist gave twenty grains of ergot, and a rupture of the uterus soon followed. The editor defended the use of such a dose on the pretence that "it was given not to cure the disease, but to stimulate the uterus in its natural functions." The reviewer endorses his sentiment: and they thus seem to sanction the principle of giving the ordinary doses to stimulate any of the natural functions in any suitable cases. V.

#### PRIZES OF THE MASS. MEDICAL SOCIETY.

MESSES. EDITORS.—The Massachusetts Medical Society is authorized, by a donation from one of its members, to offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz.: "To what affections of the lungs does bronchitis give origin?" The above is open to physicians of every country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. P. Gairdner, of Edinburgh, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review* for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writer's name and address. The sealed packet, accompanying the successful dissertation, will be broken and the author's name announced at the annual meeting of the Society in May, 1858.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15, 1858.

Yours truly,

J. B. ALLEY.

*Deaths in Boston* for the week ending Saturday noon, June 20th. 72. Males 34—Females, 38.—Accident, 2—Inflammation of the bowels, 1—Inflammation of the brain, 2—Congestion of the brain, 2—Consumption, 17—Convulsions, 1—Croup, 1—Dysentery, 1—Dropsy, 2—Dropsy in the head, 3—Infantile diseases, 4—Puerperal, 4—Epilepsy, 1—Erysipelas, 1—Typhoid fever, 1—Scarlet fever, 7—Disease of the heart, 5—Hæmorrhage of the lungs, 1—Inflammation of the lungs, 6—Marasmus, 2—Palsy, 1—Pleurisy, 1—Scrofula, 1—Suicide, 1—Teething, 3—Thrush, 1.

Under 5 years, 26—between 5 and 20 years, 7—between 20 and 40 years, 21—between 40 and 60 years, 10—above 60 years, 8. Born in the United States, 42—Ireland, 21—other places, 9.

*Comparative Healthiness of London and Paris.*—According to a communication of Dr. Webster, recently read at the Medical Society of London, while the rate of mortality ranged last year in London at one death in every forty-six inhabitants, it was about one in every thirty residents of the French metropolis. In other words, twenty-two in every 1000 persons living in London were cut off by disease; whereas thirty-four died in Paris by a similar calculation; or, for every two deaths in the former city, three were recorded in the latter. Again, more die in Paris in early life than in London, the number of deaths in Paris amongst children, under five years of age, being usually from forty-eight to forty-nine per cent. of the total mortality, whilst in London there were only forty in every 100 such deaths recorded. This smaller proportion, compared with that observed in Paris, stands out in marked contrast, even with some British towns, as, for instance, Glasgow, where the rate was 52.9 per 100 deaths; whilst in Dundee the number of children who died at equally early ages, during 1856, exceeded fifty-five per cent. This constitutes an important fact in sanitary science, and points to the prevalence of some social evils in these localities which need explanation, and certainly demand speedy amendment.—*Lancet*.

*The Nursery and Child's Hospital in New York.*—The new building for this hospital is at the corner of Lexington Avenue and Fiftieth street. The institution was first organized in 1854. The Report of the Visiting Physicians of the past year shows that 204 women and 329 children have passed under their inspection during the year. Numerous sick children of the indigent have been restored, and the daily labors of many mothers out at service, have been lightened by placing their children in this building for care and protection. Families have been supplied with nurses from the Institution, approved by the physicians; a treble benefit, to the family, the nurse, and the Institution, which receives a fee in each case. The whole household at the Nursery is under the immediate care and control of a matron, and two of the Lady Managers by turns make daily visits and examinations in detail throughout all of the wards of the establishment.—*N. Y. Times*.

*A Strange Plant.*—Mr. Ullman, of Columbia, of this State, claims to have discovered a plant in the great desert of Arabia, which is strongly prophetic of meteorological changes. We are now experimenting with a specimen sent us by the discoverer. It is keeping time very accurately with the ordinary barometers. We shall speak more at length after thorough investigation.—*Nashville Journal of Medicine and Surgery*.

*New Hampshire Asylum for the Insane.*—Dr. J. P. Bancroft, of St. Johnsbury, Vt., has been appointed superintendent of this institution, in place of Dr. J. E. Tyler, who resigned, it is understood, to take charge of an institution of like character in Iowa.—*N. H. Journal of Medicine*.

*The St. Louis Medical Journal* announces the death of Dr. Thomas Reyburn, in the 38th year of his age. He was formerly Professor of Materia Medica in the St. Louis Medical College, which place he filled with great ability. He was a high-toned gentleman, a fine scholar, and warmly and enthusiastically devoted to his profession. He had attained a high and proud position in the medical ranks. His professional brethren in St. Louis mourn his loss. The decease of such men is a great calamity for the profession at large.—*Cincinnati Med. Observer*.

*New Method of Castration.*—"The male deers used for draft are always castrated, which operation the old Lapp women perform by slowly chewing the glands between their teeth until they are reduced to a pulp, without wounding the hide."—*Bayard Taylor's Letters to the N. Y. Tribune*.

*Lost Children in New York.*—During the last year it appears that in New York no less than 4,952 lost children were taken up in the streets by the Police, and restored to their friends. Telegraphic communication is carried on between the stations, so that information is soon obtained in any part of the city of children found in other parts. During the same time, 916 sick and injured children were aided by the police, and 94 rescued from drowning. Children found by the policemen are retained at the station-house two days if not called for, and then sent to the Almshouse.